

REQUIRED INFORMATION

Dr: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

PRODUCTS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BruxZir Full-Strength (> 1,000 MPa)      | <input type="checkbox"/> Full-Cast                           | <input type="checkbox"/> <b>NEW!</b> Comfort3D Bite Splint (3D-printed, hard) |
| <input type="checkbox"/> <b>NEW!</b> BruxZir Esthetic (≥ 870 MPa) | <input type="checkbox"/> Non-Precious                        | <input type="checkbox"/> Comfort H/S Bite Splint (hard, with soft reline)     |
| <input type="checkbox"/> IPS e.max (500 MPa)                      | <input type="checkbox"/> Noble-Cast 45 (40% Au)              |   |
| <input type="checkbox"/> Obsidian All-Ceramic                     | <input type="checkbox"/> Noble-Cast 60 (57.5% Au)            |   |
| <input type="checkbox"/> Obsidian PFM                             | <input type="checkbox"/> White High Noble (40% Au, 39.4% Pd) |   |
| <input type="checkbox"/> NP                                       | <input type="checkbox"/> White Noble Metal (70.9% Pd)        |   |
| <input type="checkbox"/> SP                                       |  |   |
| <input type="checkbox"/> WHN                                      |  |   |

Rx ORDER INFORMATION

Patient ID/Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Tooth #: \_\_\_\_\_

Final Shade: \_\_\_\_\_

Prep Shade: \_\_\_\_\_

PONTIC DESIGNS



\*Standard unless otherwise specified.

INSTRUCTIONS

Doctor's signature required: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

# Your source for outstanding precision, consistency and value

- **Lifetime warranty** on BruxZir® Zirconia restorations
- **7-year warranty** on glass-ceramic, Obsidian® PFM, and full-cast restorations
- **6-month warranty** on thermoformed appliances and splints

Crown World Dental Lab is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

For full warranty details, go to [crownworlddental.com/warranty](http://crownworlddental.com/warranty).

All rush cases must be prescheduled by calling **866-497-3699** before the case is shipped.

Time of pickup and delivery may affect turnaround time.

We accept all major credit cards.



• BruxZir Restorations



- All-Ceramic Restorations
- PFM Restorations
- Full-Cast Restorations



• Bite Splints



## Signature Anterior Series

Choose the desired esthetic outcome for your patient

SQUARE-TAPERED



Exemplify boldness and youthfulness.

SOFT-SQUARED



Show energetic professionalism.

OVOID



Convey charm and softness.

TRAPEZOID



Demonstrate confidence.

SQUARED



Strike an athletic tone.

TRIANGLE-TAPERED



Exhibit mature experience.

Rx must be enclosed with original case submission.